**Sample template for your comments for the two new proposed CMS Geriatrics Measures. Instructions sent on separate document for where/how to send your comments.**

**Re:**  **Support for Geriatrics Hospital Measure and the Geriatrics Surgical Measure in the CMS Hospital Inpatient Quality Reporting (IQR) Program**

**File code CMS-1785-P**

**Attn: Centers for Medicare & Medicaid Services, Department of Health and Human Services**

(Date)

(Include information/overview of your organization)

The (insert organization name) writes to express our support for the inclusion of the Geriatrics Hospital Measure and the Geriatrics Surgical Measure in the CMS Hospital Inpatient Quality Reporting (IQR) Program. These measures are a new type of measure, a “programmatic composite” measure, that considers the full program of care needed for geriatric patients. These measures were developed by the American College of Surgeons (ACS), the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians (ACEP) and are designed to assure Medicare that the conditions surrounding frailty in the geriatric population are brought into focus, and that geriatric patients and their families know where to go for high quality care.

The US population is rapidly aging, and the US health care system struggles to care for older adults. Hospitals are increasingly faced with older patients who have complex medical, physiological, and psychosocial needs that are often inadequately addressed by the current health care infrastructure. (Suggest including additional information on the needs of the geriatric population from your organization’s perspective.)

The shortcomings in caring for older individuals are also reflected in current quality measurement efforts, which are disjointed and siloed in nature. Current measures fail to incentivize care teams and facilities to coordinate care for geriatric patients and don’t provide the public with information on where to seek good, safe geriatrics care. (If applicable, suggest including your organization’s experience with the siloed CMS measures.)

In response to this gap in care, the Geriatrics Hospital Measure and the Geriatrics Surgical Measure were created as “programmatic composite” measures that identify clinical frameworks based on evidence-based best practices to provide goal-centered, clinically effective care for older patients. These measures identify high-yield points of intervention for older adults who are admitted to a hospital, an emergency department, or have a surgical procedure and encourage hospital systems to reconceptualize the way they approach their older patients with multiple medical, psychological, and social needs at highest risk for adverse events. Surgery, the emergency department, and hospitalization (in general) were targeted because this is where older adults are especially vulnerable.

Importantly, the measures put an emphasis on the importance of defining patient (and caregiver) goals not only from the immediate treatment decision but also for long-term health and aligning care with what the patient values. The measures drive teams to transparently portray their quality and seek to continuously improve. They also can provide the public with information that reflects a care delivery team where the hospital and the related specialties are wired together in a meaningful way. (Suggest including additional information on the need for this type of comprehensive geriatrics measure from your organization's perspective, why it's important.)

The concept behind the programmatic measure is based on several decades of history implementing programs that demonstrably improve patient care provided by the team of providers along with the facility. This approach encourages hospitals and providers to see older surgical patients not as isolated data points to be narrowly focused on but rather as whole, complex individuals who require a multidisciplinary, all-encompassing approach to their care. It incorporates elements of IHI’s Age-Friendly Health Systems program known as the 4Ms (What Matters, Medications, Mentation, Mobility) and standards from the Geriatrics Emergency Department Accreditation (GEDA) framework developed by the American College of Emergency Physicians (ACEP). ACEP’s GEDA standards improve the care of the geriatric population in the ED and allocate health care resources, optimize admission and readmission rates, decrease iatrogenic complications, and decrease extended length-of-stay due to complications. The surgical components of the Geriatrics Hospital Measure, as well as the Geriatrics Surgical Measure use the four-part model ACS Quality Model, that includes 1) standards 2) infrastructure 3) data, and 4) verification which is the same model used in ACS Quality Programs. Amongst the most recognized of the ACS programs are the Trauma Center Verification Program, the Commission on Cancer (CoC), and the Metabolic and Bariatric Surgery Verification program.

Components of the Geriatrics Hospital Measure have been implemented nationally, demonstrating feasibility and usability of the measure(s). As of March 2023, over 3,000 sites of care participate and are recognized in the IHI Age-Friendly Health Systems movement, and over 500 emergency departments have been accredited by the ACEP GEDA program. Over 50 hospitals participate in the ACS GSV program, and components of the GSV programs are in more than 500 ACS verified Trauma centers, and 1,500 Commission on Cancer sites.

(If applicable, include information on your experience using/implementing components of the measure and/or the value of the program(s) to geriatric patients and their caregivers.)

The (insert organization name) appreciates the opportunity to share our support for the Geriatrics Hospital Measure and Geriatrics Surgery Measure for inclusion in the CMS Hospital IQR program. While a programmatic composite is not typical for CMS programs, these measures are a critical piece in the optimization of care for older patients by using a holistic approach to create a quality program that better serves the needs of this unique population. This is in keeping with the CMS national strategy for a Universal Foundation of quality measures. We believe these measures will help build a better, safer environment for the geriatric patient and will help patients and caregivers know where to get good care that is in line with their values.

Sincerely,